Fill in this information to identify the case:

Debtor name **ACB Receivables Management, Inc.**

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) **16-27343**

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended *Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **November 2, 2016**

X **/s/ Oleg Shnayderman**
Signature of individual signing on behalf of debtor

Oleg Shnayderman
Printed name

President
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **ACB Receivables Management, Inc.**

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) **16-27343**

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. ***Schedule A/B: Assets-Real and Personal Property*** (Official Form 206A/B)

1a. **Real property:** Copy line 88 from *Schedule A/B*.	$	**0.00**
1b. **Total personal property:** Copy line 91A from *Schedule A/B*.	$	**168,050.00**
1c. **Total of all property:** Copy line 92 from *Schedule A/B*.	$	**168,050.00**

Part 2: Summary of Liabilities

2. ***Schedule D: Creditors Who Have Claims Secured by Property*** (Official Form 206D) Copy the total dollar amount listed in Column A, *Amount of claim,* from line 3 of *Schedule D*.	$	**302,000.00**
3. ***Schedule E/F: Creditors Who Have Unsecured Claims*** (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of *Schedule E/F*.	$	**0.00**
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.	+$	**1,147,243.00**
4. **Total liabilities** Lines 2 + 3a + 3b	$	**1,449,243.00**

Fill in this information to identify the case:

Debtor name **ACB Receivables Management, Inc.**

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) **16-27343**

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. **Does the debtor have any cash or cash equivalents?**

☐ No. Go to Part 2.

■ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor — **Current value of debtor's interest**

3. **Checking, savings, money market, or financial brokerage accounts** *(Identify all)*

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.	**PNC Bank**	**Checking**	**8212**	**$3,000.00**
3.2.	**PNC Bank**	**Checking**	**8239**	**$1,100.00**
3.3.	**PNC Bank**	**Checking**	**8204**	**$1,850.00**

4. **Other cash equivalents** *(Identify all)*

5. **Total of Part 1.** **$5,950.00**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

■ No. Go to Part 3.

☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

Debtor **ACB Receivables Management, Inc.** Case number *(If known)* **16-27343**
Name

☐ No. Go to Part 4.
■ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old:	**100,000.00**	-	**0.00**	=....	**$100,000.00**
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.** **$100,000.00**
Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. **Does the debtor own any investments?**

■ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

■ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

■ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

☐ No. Go to Part 8.
■ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	**Office furniture** **Desks, chairs, file cabinets, shelving and misc ofice furniture**	**$0.00**	**Liquidation**	**$2,000.00**
40.	**Office fixtures**			
41.	**Office equipment, including all computer equipment and communication systems equipment and software** **Computers, printers and accessories**	**$0.00**	**Liquidation**	**$5,000.00**
	www.acbreceivables.com	**$0.00**	**Liquidation**	**$100.00**

42. **Collectibles** *Examples*: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

Debtor **ACB Receivables Management, Inc.** Case number *(If known)* **16-27343**
Name

43. **Total of Part 7.** **$7,100.00**
Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**
■ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**
■ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

■ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

■ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.
■ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	**Patents, copyrights, trademarks, and trade secrets**			
61.	**Internet domain names and websites**			
62.	**Licenses, franchises, and royalties**			
63.	**Customer lists, mailing lists, or other compilations**			
64.	**Other intangibles, or intellectual property**			
65.	**Goodwill**			
	Client llist/Goodwill	**$16,000.00**	**Liquidation**	**$5,000.00**

66. **Total of Part 10.** **$5,000.00**
Add lines 60 through 65. Copy the total to line 89.

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C.§§ 101(41A) and 107**?**
■ No
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**
■ No
☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number *(If known)* **16-27343**
Name

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

■ No
☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.
■ Yes Fill in the information below.

	Current value of debtor's interest
71. **Notes receivable** Description (include name of obligor)	
72. **Tax refunds and unused net operating losses (NOLs)** Description (for example, federal, state, local)	
73. **Interests in insurance policies or annuities**	
74. **Causes of action against third parties (whether or not a lawsuit has been filed)** **Counterclaim in State Court Litigation against Central Jersey Emergency Medial Associates** **Nature of claim** Breach of Contract **Amount requested** $0.00	**Unknown**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**	
76. **Trusts, equitable or future interests in property**	
77. **Other property of any kind not already listed** *Examples:* Season tickets, country club membership **interest in customer collection accounts (estimated collection value)**	**$50,000.00**

78. **Total of Part 11.** **$50,000.00**
Add lines 71 through 77. Copy the total to line 90.

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

■ No
☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number *(If known)* **16-27343**
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

	Type of property	Current value of personal property		Current value of real property
80.	**Cash, cash equivalents, and financial assets.** *Copy line 5, Part 1*	**$5,950.00**		
81.	**Deposits and prepayments.** *Copy line 9, Part 2.*	**$0.00**		
82.	**Accounts receivable.** *Copy line 12, Part 3.*	**$100,000.00**		
83.	**Investments.** *Copy line 17, Part 4.*	**$0.00**		
84.	**Inventory.** *Copy line 23, Part 5.*	**$0.00**		
85.	**Farming and fishing-related assets.** *Copy line 33, Part 6.*	**$0.00**		
86.	**Office furniture, fixtures, and equipment; and collectibles.** *Copy line 43, Part 7.*	**$7,100.00**		
87.	**Machinery, equipment, and vehicles.** *Copy line 51, Part 8.*	**$0.00**		
88.	**Real property.** *Copy line 56, Part 9*...>			**$0.00**
89.	**Intangibles and intellectual property.** *Copy line 66, Part 10.*	**$5,000.00**		
90.	**All other assets.** *Copy line 78, Part 11.*	+ **$50,000.00**		
91.	**Total.** Add lines 80 through 90 for each column	**$168,050.00**	**+** 91b.	**$0.00**
92.	**Total of all property on Schedule A/B**. Add lines 91a+91b=92			**$168,050.00**

Fill in this information to identify the case:

Debtor name **ACB Receivables Management, Inc.**

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) **16-27343**

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

■ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. **List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A **Amount of claim** Do not deduct the value of collateral.

Column B **Value of collateral that supports this claim**

2.1 PNC Bank
Creditor's Name
c/o Scott Freedman, Esq
Dilworth Paxson
457 Haddonfield Road
Cherry Hill, NJ 08002
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?
■ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
Substantially all debtor assets

Describe the lien
UCC lien - 2nd position

Is the creditor an insider or related party?
■ No
☐ Yes

Is anyone else liable on this claim?
■ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

Column A: **$202,000.00** Column B: **$0.00**

2.2 PNC Bank
Creditor's Name
c/o Scott Freedman, Esq
Dilworth Paxson
457 Haddonfield Road
Cherry Hill, NJ 08002
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe debtor's property that is subject to a lien
Interest in customer collection accounts

Describe the lien
UCC Lien - 2nd position

Is the creditor an insider or related party?
■ No
☐ Yes

Is anyone else liable on this claim?
■ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Column A: **$0.00** Column B: **$460,000.00**

Debtor **ACB Receivables Management, Inc.** Case number (if know) **16-27343**
Name

Do multiple creditors have an interest in the same property?
■ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:
Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.3 **PNC Bank** — **Describe debtor's property that is subject to a lien** — **$0.00** — **$5,000.00**

Creditor's Name

c/o Scott Freedman, Esq
Dilworth Paxson
457 Haddonfield Road
Cherry Hill, NJ 08002

Creditor's mailing address

Client llist/Goodwill

Describe the lien
UCC Lien - 2nd position

Is the creditor an insider or related party?
■ No
☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?
■ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?
☐ No
■ Yes. Specify each creditor, including this creditor and its relative priority.
1. TD BANK
2. PNC Bank

As of the petition filing date, the claim is:
Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.4 **PNC Bank** — **Describe debtor's property that is subject to a lien** — **$0.00** — **$100.00**

Creditor's Name

c/o Scott Freedman, Esq
Dilworth Paxson
457 Haddonfield Road
Cherry Hill, NJ 08002

Creditor's mailing address

www.acbreceivables.com

Describe the lien
UCC Lien - 2nd position

Is the creditor an insider or related party?
■ No
☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?
■ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?
☐ No
■ Yes. Specify each creditor, including this creditor and its relative priority.
1. PNC Bank
2. TD BANK

As of the petition filing date, the claim is:
Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.5 **PNC Bank** — **Describe debtor's property that is subject to a lien** — **$0.00** — **$5,000.00**

Debtor **ACB Receivables Management, Inc.** Case number (if know) **16-27343**
Name

Creditor's Name
c/o Scott Freedman, Esq
Dilworth Paxson
457 Haddonfield Road
Cherry Hill, NJ 08002
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?
☐ No
■ Yes. Specify each creditor, including this creditor and its relative priority.
1. TD BANK
2. PNC Bank

Computers, printers and accessories

Describe the lien
UCC Lien - 2nd position

Is the creditor an insider or related party?
■ No
☐ Yes

Is anyone else liable on this claim?
■ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.6 **PNC Bank**
Creditor's Name
c/o Scott Freedman, Esq
Dilworth Paxson
457 Haddonfield Road
Cherry Hill, NJ 08002
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?
☐ No
■ Yes. Specify each creditor, including this creditor and its relative priority.
1. TD BANK
2. PNC Bank

Describe debtor's property that is subject to a lien
PNC Bank - Checking - Acct# 8204

$0.00 **$1,850.00**

Describe the lien
UCC lien - 2nd position

Is the creditor an insider or related party?
■ No
☐ Yes

Is anyone else liable on this claim?
■ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.7 **PNC Bank**
Creditor's Name
c/o Scott Freedman, Esq
Dilworth Paxson
457 Haddonfield Road
Cherry Hill, NJ 08002
Creditor's mailing address

Creditor's email address, if known

Describe debtor's property that is subject to a lien
PNC Bank - Checking - Acct# 8212

$0.00 **$3,000.00**

Describe the lien
UCC lien - 2nd position

Is the creditor an insider or related party?
■ No
☐ Yes

Is anyone else liable on this claim?

Debtor **ACB Receivables Management, Inc.** Case number (if know) **16-27343**
Name

Date debt was incurred

Last 4 digits of account number

■ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?
☐ No
■ Yes. Specify each creditor, including this creditor and its relative priority.
1. TD BANK
2. PNC Bank

As of the petition filing date, the claim is:
Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.8 **PNC Bank**
Creditor's Name
c/o Scott Freedman, Esq
Dilworth Paxson
457 Haddonfield Road
Cherry Hill, NJ 08002
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe debtor's property that is subject to a lien
PNC Bank - Checking - Acct# 8239

$0.00 **$1,100.00**

Describe the lien
UCC lien - 2nd position

Is the creditor an insider or related party?
■ No
☐ Yes

Is anyone else liable on this claim?
■ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?
☐ No
■ Yes. Specify each creditor, including this creditor and its relative priority.
1. TD BANK
2. PNC Bank

As of the petition filing date, the claim is:
Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.9 **TD BANK**
Creditor's Name

PO Box 219
Lewiston, ME 04243
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
1025

Describe debtor's property that is subject to a lien
Substantially all debtor assets

$34,000.00 **Unknown**

Describe the lien
UCC lien - 1st position

Is the creditor an insider or related party?
■ No
☐ Yes

Is anyone else liable on this claim?
☐ No
■ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?
■ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:
Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

Debtor **ACB Receivables Management, Inc.** Case number (if know) **16-27343**
Name

2.10 **TD BANK** — **$66,000.00** — **Unknown**

Creditor's Name

PO Box 219
Lewiston, ME 04243

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
1024

Do multiple creditors have an interest in the same property?
■ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
Substantially all Debtor assets

Describe the lien
UCC lien - 1st position

Is the creditor an insider or related party?
■ No
☐ Yes

Is anyone else liable on this claim?
■ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.11 **TD BANK** — **$0.00** — **$100,000.00**

Creditor's Name

PO Box 219
Lewiston, ME 04243

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?
■ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
Over 90 days old: Judgment Receivables (Judgments assigned to ACB) (Face value of approximately $4,600,000)

Describe the lien
UCC Lien - 1st position

Is the creditor an insider or related party?
■ No
☐ Yes

Is anyone else liable on this claim?
■ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.12 **TD BANK** — **$0.00** — **$460,000.00**

Creditor's Name

PO Box 219
Lewiston, ME 04243

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Describe debtor's property that is subject to a lien
Interest in customer collection accounts

Describe the lien
UCC Lien - 1st position

Is the creditor an insider or related party?
■ No
☐ Yes

Is anyone else liable on this claim?
■ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **ACB Receivables Management, Inc.** Case number (if know) **16-27343**
Name

Last 4 digits of account number

Do multiple creditors have an interest in the same property?
■ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:
Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.13 **TD BANK**
Creditor's Name

PO Box 219
Lewiston, ME 04243
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe debtor's property that is subject to a lien
Client llist/Goodwill

$0.00 **$5,000.00**

Describe the lien
UCC Lien

Is the creditor an insider or related party?
■ No
☐ Yes

Is anyone else liable on this claim?
■ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?
☐ No
■ Yes. Specify each creditor, including this creditor and its relative priority.
Specified on line 2.3

As of the petition filing date, the claim is:
Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.14 **TD BANK**
Creditor's Name

PO Box 219
Lewiston, ME 04243
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe debtor's property that is subject to a lien
www.acbreceivables.com

$0.00 **$100.00**

Describe the lien
UCC Lien - 1st position

Is the creditor an insider or related party?
■ No
☐ Yes

Is anyone else liable on this claim?
■ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?
☐ No
■ Yes. Specify each creditor, including this creditor and its relative priority.
Specified on line 2.4

As of the petition filing date, the claim is:
Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.15 **TD BANK**

Describe debtor's property that is subject to a lien

$0.00 **$5,000.00**

Debtor **ACB Receivables Management, Inc.** Case number (if know) **16-27343**

Name

Creditor's Name

Computers, printers and accessories

PO Box 219
Lewiston, ME 04243

Creditor's mailing address

Describe the lien

UCC Lien - 1st position

Is the creditor an insider or related party?

■ No

☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

Date debt was incurred

■ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

■ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.5

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.16 **TD BANK**

Creditor's Name

Describe debtor's property that is subject to a lien

PNC Bank - Checking - Acct# 8204

$0.00 **$1,850.00**

PO Box 219
Lewiston, ME 04243

Creditor's mailing address

Describe the lien

UCC lien - 1st position

Is the creditor an insider or related party?

■ No

☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

Date debt was incurred

■ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

■ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.6

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.17 **TD BANK**

Creditor's Name

Describe debtor's property that is subject to a lien

PNC Bank - Checking - Acct# 8212

$0.00 **$3,000.00**

PO Box 219
Lewiston, ME 04243

Creditor's mailing address

Describe the lien

UCC lien - 1st position

Is the creditor an insider or related party?

■ No

☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

Date debt was incurred

■ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Debtor **ACB Receivables Management, Inc.** Case number (if know) **16-27343**
Name

Do multiple creditors have an interest in the same property?
☐ No
■ Yes. Specify each creditor, including this creditor and its relative priority.
Specified on line 2.7

As of the petition filing date, the claim is:
Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.18 **TD BANK**
Creditor's Name

PO Box 219
Lewiston, ME 04243
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe debtor's property that is subject to a lien
PNC Bank - Checking - Acct# 8239

$0.00 **$1,100.00**

Describe the lien
UCC lien - 1st position

Is the creditor an insider or related party?
■ No
☐ Yes

Is anyone else liable on this claim?
■ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?
☐ No
■ Yes. Specify each creditor, including this creditor and its relative priority.
Specified on line 2.8

As of the petition filing date, the claim is:
Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.19 **TD Bank NA**
Creditor's Name

PO Box 219
Lewiston, ME 04243
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe debtor's property that is subject to a lien
Interest in customer collection accounts

$0.00 **$460,000.00**

Describe the lien
UCC Lien - 1st position

Is the creditor an insider or related party?
■ No
☐ Yes

Is anyone else liable on this claim?
■ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Do multiple creditors have an interest in the same property?
■ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:
Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

---

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** **$302,000.00**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Debtor **ACB Receivables Management, Inc.** Case number (if know) **16-27343**
Name

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
TD Bank **Attn: Meyner and Landis LLP** **One Gateway Center, Suite 2500** **Newark, NJ 07102**	Line **2.10**	
TD Bank **Attn: Meyner and Landis LLP** **One Gateway Center, Suite 2500** **Newark, NJ 07102**	Line **2.13**	

Fill in this information to identify the case:

Debtor name **ACB Receivables Management, Inc.**

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) **16-27343**

☐ Check if this is an amended filing

Official Form 206E/F
Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

■ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. **List in alphabetical order all of the creditors with nonpriority unsecured claims**. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 **Nonpriority creditor's name and mailing address**

ABC PEDIATRIC ASSOCIATES
C/O CLASSICAL MEDICAL BILLING
31 PITNEY LN
JACKSON, NJ 08527

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ■ No ☐ Yes

$117.00

3.2 **Nonpriority creditor's name and mailing address**

ABIR MARCUS MD LLC
321 BROAD ST
RED BANK, NJ 07701

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ■ No ☐ Yes

$295.00

3.3 **Nonpriority creditor's name and mailing address**

ACCREDITED DERMATOLOGY
PO BOX 5191
TOMS RIVER, NJ 08754

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ■ No ☐ Yes

$2,940.00

3.4 **Nonpriority creditor's name and mailing address**

ACCUMED DIAGNOSTIC LAB
540 BORDENTOWN AVE
SUITE 4
SOUTH AMBOY, NJ 08879

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ■ No ☐ Yes

$215.00

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.5 **Nonpriority creditor's name and mailing address**
ADVANCED CARDIOLOGY LLC
65 RIDGEDALE AVE
CEDAR KNOLLS, NJ 07927
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$917.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.6 **Nonpriority creditor's name and mailing address**
ADVANCED ENDOSCOPY & SURGICAL
142 ROUTE 35
SUITE 101
EATONTOWN, NJ 07724
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$3,857.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.7 **Nonpriority creditor's name and mailing address**
AHMADI DAVID F MD
222 EASTON AVE
NEW BRUNSWICK, NJ 08901
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$602.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.8 **Nonpriority creditor's name and mailing address**
AINSWORTH COUNSELING SVC LLC
1313 LARCHMONT ST
TOMS RIVER, NJ 08757
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$49.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.9 **Nonpriority creditor's name and mailing address**
ALERGY + ASTHMA ASSOCS OF NO JERSEY PA
1160 PARSIPPANY BLVD
STE 200
PARSIPPANY, NJ 07054
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$347.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.10 **Nonpriority creditor's name and mailing address**
Alex Shnayderman
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.11 **Nonpriority creditor's name and mailing address**
ALLERGY AND PULMONARY ASSOC PA
1542 KUSER RD STE B7
CENTER CITY OFFICE PARK
TRENTON, NJ 08619
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$2,048.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.12 **Nonpriority creditor's name and mailing address**
ALLIED DIAGNOSTIC PATHOLOGY CONSLTS PA
701 N CLAYTON ST
WILMINGTON, DE 19805
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,444.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.13 **Nonpriority creditor's name and mailing address**
ALPHA BEHAVIORAL CARE
33 OVERLOOK RD
SUITE 210
SUMMIT, NJ 07901
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$105.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.14 **Nonpriority creditor's name and mailing address**
ALTERNATIVE INTEGRATED MEDICAL SERVICES,
150-A TICES LN
E BRUNSWICK, NJ 08816
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,585.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.15 **Nonpriority creditor's name and mailing address**
AMBULATORY ANESTHESIA CARE PC
PO BOX 1428
MOUNTAINSIDE, NJ 07092
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$2,243.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.16 **Nonpriority creditor's name and mailing address**
AMBULATORY PAIN MANAGEMENT
PO BOX 1097
MOUNTAINSIDE, NJ 07092
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,275.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.17 **Nonpriority creditor's name and mailing address**
AMERICAN EXPRESS
PO Box 981537
El Paso, TX 79998
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Credit card/line of credit
Is the claim subject to offset? ■ No ☐ Yes

3.18 **Nonpriority creditor's name and mailing address**
AMERICAN HEART CENTER, P.C.
1900 CORLIES AVENUE
2ND FLOOR
NEPTUNE, NJ 07753
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$3.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**

Name

No.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount
3.19	**AMERIFLEX** **PO BOX 871655** **KANSAS CITY, MO 64187** **Date(s) debt was incurred** _ **Last 4 digits of account number** AMFACBREC	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Vendor Is the claim subject to offset? ■ No ☐ Yes	**$665.00**
3.20	**ANDREACOLA, LYNN M DMD** **9001 E LINCOLN DR** **GREENTREE COMMONS** **WEST MARLTON, NJ 08053** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$231.00**
3.21	**ANGOWSKI RICHARD J DMD** **1268 BOXELDER DR** **TOMS RIVER, NJ 08753** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$244.00**
3.22	**ANNUZIATO** **Attn: ALAN J. SASSON, PC** **1669 E. 12TH ST., 2ND FL.** **BROOKLYN, NY 11229** **Date(s) debt was incurred** _ **Last 4 digits of account number** 7016	■ Contingent ■ Unliquidated ■ Disputed **Basis for the claim:** Pending Litigation Is the claim subject to offset? ■ No ☐ Yes	**Unknown**
3.23	**ARBOR DENTAL PC** **6650 BROWNING RD STE U15** **BROWNING RD MEDICAL CTR** **PENNSAUKEN, NJ 08109** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$18.00**
3.24	**ARMENTO ROBERT DDS** **1380 HOOPER AVE** **TOMS RIVER, NJ 08753** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$50.00**
3.25	**ARNOLD KOKANS** **15 LANDING WAY** **BRONX, NY 10464** **Date(s) debt was incurred** _ **Last 4 digits of account number** WDEA	■ Contingent ■ Unliquidated ■ Disputed **Basis for the claim:** Pending Litigation Is the claim subject to offset? ■ No ☐ Yes	**Unknown**

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.26 **Nonpriority creditor's name and mailing address**
ARONSON, FRANKLYN
100 FEDERAL CITY RD
LAWRENCEVILLE, NJ 08648
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

3.27 **Nonpriority creditor's name and mailing address**
ASHKENAZI
ATTN: MARCUS ZELMAN, LLC
1500 ALLAIRE AVE., STE. 101
OCEAN, NJ 07712
Date(s) debt was incurred _
Last 4 digits of account number 7423

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
■ Contingent
■ Unliquidated
■ Disputed
Basis for the claim: Pending Litigation
Is the claim subject to offset? ■ No ☐ Yes

3.28 **Nonpriority creditor's name and mailing address**
ASSOCIATED NEUROLOGISTS OF NJ
1245 WHITEHORSE MECERVILL RD
SUITE 145
HAMILTON, NJ 08619
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$70.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.29 **Nonpriority creditor's name and mailing address**
ASSOCIATES IN GASTROENTEROLOGY PC
368 LAKEHURST RD
SUITE 205
TOMS RIVER, NJ 08755
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$688.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.30 **Nonpriority creditor's name and mailing address**
ATLANTIC COAST GASTRO ASSOC
1640 ROUTE 88 W
SUITE 202
BRICK, NJ 08724
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$5,769.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.31 **Nonpriority creditor's name and mailing address**
ATLANTIC PEDIATRIC DENTISTRY
200 WHITE RD
STE 113
LITTLE SILVER, NJ 07739
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$218.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.32 **Nonpriority creditor's name and mailing address**
BAGLEY JACOB M DDS
508 FRONT ST
ELMER, NJ 08318
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$302.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.33 **Nonpriority creditor's name and mailing address**
BAGNER RONALD MD
WILLIAMSBURG COMMONS
8-B AUER CT
E BRUNSWICK, NJ 08816
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$881.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.34 **Nonpriority creditor's name and mailing address**
BARABAS PAUL DDS
88 W RIDGEWOOD AVE
RIDGEWOOD, NJ 07450
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,644.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.35 **Nonpriority creditor's name and mailing address**
BARANETSKY NICHOLAS G MD
P O BOX 298
LIVINGSTON, NJ 07039
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$21.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.36 **Nonpriority creditor's name and mailing address**
BARNEGAT FAMILY CHIROPRACTIC CENTER
890 WEST BAY AVE
STE E
BARNEGAT, NJ 08005
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$575.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.37 **Nonpriority creditor's name and mailing address**
BEACHWOOD LOW BACK REHAB
137 ATLANTIC CITY BLVD
BEACHWOOD, NJ 08722
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,805.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.38 **Nonpriority creditor's name and mailing address**
BECKETT FAMILY PRACTICE
95 WOODSTOWN RD
SUITE B
SWEDSBORO, NJ 08085
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$36.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.39 **Nonpriority creditor's name and mailing address**
BEY LEA AMBULATORY SURGICAL CENTER
54 BEY LEA RD., BLDG. 2
Toms River, NJ 08753
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$942.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.40 **Nonpriority creditor's name and mailing address**
BILLING MANAGEMENT SERVICES
PO BOX 329
MT HOLLY, NJ 08060
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$464.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.41 **Nonpriority creditor's name and mailing address**
BILLING MANAGEMENT SERVICES
PO BOX 329
MT HOLLY, NJ 08060
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$88.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.42 **Nonpriority creditor's name and mailing address**
BILLING MANAGEMENT SERVICES
PO BOX 329
MT HOLLY, NJ 08060
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$120.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.43 **Nonpriority creditor's name and mailing address**
BRAHMBHATT SAPNA DR
55 SCHANK RD
SUITE A-4
FREEHOLD, NJ 07728
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$108.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.44 **Nonpriority creditor's name and mailing address**
BRANIGAN, LAURA DMD
901 W PARK AVE
SUITE C
OCEAN, NJ 07712
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$654.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.45 **Nonpriority creditor's name and mailing address**
BROMBERG DAVID MD
292 HURFVILLE GRENLOCH R
SUITE 100
SEWELL, NJ 08080
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$124.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.46 **Nonpriority creditor's name and mailing address**
BYK, CHERYL A LCSW
500 US HWY 9
BLDG 2
LANOKA HARBOR, NJ 08734
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$149.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.47 **Nonpriority creditor's name and mailing address**
CAI, SHI CA
1767 MORRIS AVENUE
SUITE #105
UNION, NJ 07083
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$260.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.48 **Nonpriority creditor's name and mailing address**
CARDIOVSCULAR INTERPRETATIONS OF NJ INC
C/O HILLCREST MSO
10 BRASS CASTLE RD
WASHINTON, NJ 07882
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$61.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.49 **Nonpriority creditor's name and mailing address**
CENTER FOR AMBULATORY SURGERY
1450 RTE 22 WEST
MOUNTAINSIDE, NJ 07092
Date(s) debt was incurred _
Last 4 digits of account number 0916

As of the petition filing date, the claim is: *Check all that apply.* **$22,914.00**
■ Contingent
■ Unliquidated
■ Disputed
Basis for the claim: Pending Litigation
Is the claim subject to offset? ■ No ☐ Yes

3.50 **Nonpriority creditor's name and mailing address**
CENTRAL JERSEY EMERGENCY
ATTN: SPECTOR & EHRENWORTH, PC
30 COLUMBIA TPK.
Florham Park, NJ 07932
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Pending Litigiation
Is the claim subject to offset? ■ No ☐ Yes

3.51 **Nonpriority creditor's name and mailing address**
CENTRAL JERSEY EMERGENCY ASSOCS
PO BOX 7200
FREEHOLD, NJ 07728
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$96,969.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.52 **Nonpriority creditor's name and mailing address**
CENTRAL JERSEY EMERGENCY MEDICAL ASSOCS
901 W MAIN ST
FREEHOLD, NJ 07728
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$8,050.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.53 **Nonpriority creditor's name and mailing address**
CENTRAL JERSEY ORTHO SPECIALISTS PA
1907 PARK AVE
STE 102
SOUTH PLAINFIELD, NJ 07080
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$70.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

Item	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount
3.54	**CENTRAL JERSEY OTOLARYNGOL LLC** **1131 BRAOD ST** **SHREWSBURY, NJ 07702** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$312.00**
3.55	**CENTRAL JERSEY OTOLARYNGOLOGY** **1131 BRAOD ST** **SHREWSBURY, NJ 07702** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$202.00**
3.56	**CENTRAL PENNSYLVANIA RADIATION ONCOLOGY** **C/O MCKESSON CORP** **PO BOX 11268** **LANCASTER, PA 17605** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$312.00**
3.57	**CERBONE JOSEPH E MD** **1030 ST GEORGES AVE** **AVENEL, NJ 07001** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$254.00**
3.58	**CJ SPECIALITY SURGICAL ASSOCIATES** **10 INDUSTRIAL WAY E** **SUITE 104** **EATONTOWN, NJ 07724** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$2,190.00**
3.59	**COASTAL PEDIATRICS LLC** **25 N COUNTY LINE RD** **JACKSON, NJ 08527** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$84.00**
3.60	**COMMUNITY MEDICAL CENTER** **ATTN THOMAS PERCELLO CFO** **99 HWY 37 WEST** **TOMS RIVER, NJ 08755** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$749.00**

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.61 **Nonpriority creditor's name and mailing address**
COMPRENHENSIVE CARE MED ASSOC
1609 WOODBOURNE RD
SUITE 2023
LEVITTOWN, PA 19057
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$202.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.62 **Nonpriority creditor's name and mailing address**
CONSULTANTS IN UROLOGY PA
570 SOUTH AVE EAST
BLDG A
CRANFORD, NJ 07016
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$410.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.63 **Nonpriority creditor's name and mailing address**
COOPERATIVE COMMUNICATIONS
412-420 WASHNGTON AVE
PO BOX 903
BELLEVILLE, NJ 07109
Date(s) debt was incurred _
Last 4 digits of account number 4854

As of the petition filing date, the claim is: *Check all that apply.* **$627.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

3.64 **Nonpriority creditor's name and mailing address**
COX, PHYLLIS LCSW
84 JENNINGS RD
PO BOX 744
MANAHAWKIN, NJ 08050
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$170.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.65 **Nonpriority creditor's name and mailing address**
CREDIT SYSTEMS INC
1485 GARDEN OF THE GODS RD
SUITE 120
COLORADO SPRINGS, CO 80907
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$660.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.66 **Nonpriority creditor's name and mailing address**
CTR FOR ADVANCED REPROD
MED+FERTILITY PC
4 ETHEL RD
STE 405A
EDISON, NJ 08817
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$609.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.67 **Nonpriority creditor's name and mailing address**
CUMBERLAND MEDICAL ASSOCIATES
1206 W SHERMAN AVE
VINELAND, NJ 08360
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$666.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.68 **Nonpriority creditor's name and mailing address**
CURTIS MCCLAREN
ATTN: LAW OFFICES OF TODD M. FRIEDMAN,PC
324 BEVERLY DR., #725
BEVERLY HILLS, CA 90212
Date(s) debt was incurred _
Last 4 digits of account number 3BRO

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
■ Contingent
■ Unliquidated
■ Disputed
Basis for the claim: Pending Litiation
Is the claim subject to offset? ■ No ☐ Yes

3.69 **Nonpriority creditor's name and mailing address**
DANIELS, RICHARD MD
PO BOX 5220
TOMS RIVER, NJ 08753
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$283.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.70 **Nonpriority creditor's name and mailing address**
DAVID J DUPREE M.D PC
766 SHREWSBURY AVENUE
SUITE 405
TINTON FALLS, NJ 07724
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$103.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.71 **Nonpriority creditor's name and mailing address**
DAVIDSON LAWRENCE M MD
825 BLOOMFIELD AVE
VERONA, NJ 07044
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$33.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.72 **Nonpriority creditor's name and mailing address**
DE BLASIO JOSEPH MD PC
2275 RT 33 SUITE 301
HAMILTON MEDICAL GRP PC
HAMILTON SQUARE, NJ 08690
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$183.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.73 **Nonpriority creditor's name and mailing address**
DE JACKMO FRANK DMD
128 FRANKLIN AVE
NUTLEY, NJ 07110
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$355.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.74 **Nonpriority creditor's name and mailing address**
DELTA ROSA AURORA MD
1245 WHITEHRS-MERCERVL RD
HAMILTON, NJ 08619
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$400.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

Item	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount
3.75	**DI CHIARA, F P DO PA** **2446 CHURCH RD** **SUITE 1-D** **TOMS RIVER, NJ 08753** Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	**$441.00**
3.76	**DLL FINANCIAL** **PO BOX 41602** **PHILADELPHIA, PA 19101** Date(s) debt was incurred _ Last 4 digits of account number 2390	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: Vendor Is the claim subject to offset? ■ No ☐ Yes	**$1,900.00**
3.77	**DOVER PULMONARY ASSOC.** **508 LAKEHURST RD., STE. 1A** **TOMS RIVER, NJ 08755** Date(s) debt was incurred _ Last 4 digits of account number 8616	■ Contingent ■ Unliquidated ■ Disputed Basis for the claim: Pending Litigation Is the claim subject to offset? ■ No ☐ Yes	**$524.00**
3.78	**DUGGAL, PRIYA DMD** **290 MADISON AVE** **MORRISTOWN, NJ 07960** Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	**$150.00**
3.79	**E-OSCAR** **DEPT 224501** **PO BOX 55000** **DETROIT, MI 48255** Date(s) debt was incurred _ Last 4 digits of account number 8945	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: Vendor Is the claim subject to offset? ■ No ☐ Yes	**$1,913.00**
3.80	**EAR NOS AND THROAT OF NEW JERSEY** **500 LAKEHURST RD** **TOMS RIVER, NJ 08755** Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	**$186.00**
3.81	**EHRLICH, I B OD** **329 HWY 202/206** **BRIDGEWATER, NJ 08807** Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	**$253.00**

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.82 **Nonpriority creditor's name and mailing address**
ELFARRA, HOSSAM MD PA
7 SKYVIEW RD
WAYNE, NJ 07470
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$60.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.83 **Nonpriority creditor's name and mailing address**
Eli Ashkenazi
Attn: Marcus Zelman, LLC
1500 Allaire Ave., Ste. 101
Ocean, NJ 07712
Date(s) debt was incurred _
Last 4 digits of account number WTJB

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
■ Contingent
■ Unliquidated
■ Disputed
Basis for the claim: Pending Litigation
Is the claim subject to offset? ■ No ☐ Yes

3.84 **Nonpriority creditor's name and mailing address**
ELIZABETH FOOT AND ANKLE ASSOCIATYES
240 WILLIAMSON ST
SUITE 200
ELIZABETH, NJ 07202
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$7.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.85 **Nonpriority creditor's name and mailing address**
Endoscopy Center of Ocean County
477 LAKEHURST RD
TOMS RIVER, NJ 08755
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$3,864.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.86 **Nonpriority creditor's name and mailing address**
ENDOSCOPY CENTER OF TOMS RIVER
473 LAKEHURST RD
TOMS RIVER, NJ 98755
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,305.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.87 **Nonpriority creditor's name and mailing address**
EQUIFAX
PO BOX 105835
ATLANTA, GA 30348
Date(s) debt was incurred _
Last 4 digits of account number 0026

As of the petition filing date, the claim is: *Check all that apply.* **$700.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

3.88 **Nonpriority creditor's name and mailing address**
EXPERIAN
PO BOX 881971
LOS ANGELES, CA 90088
Date(s) debt was incurred _
Last 4 digits of account number 0149

As of the petition filing date, the claim is: *Check all that apply.* **$817.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.89	**Nonpriority creditor's name and mailing address** **EXPERT TECHNOLOGY** **400 DAVIS DRIVE** **SUITE 100** **PLYMOUTH MEETING, PA 19462** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Vendor Is the claim subject to offset? ■ No ☐ Yes	**$3,812.00**
3.90	**Nonpriority creditor's name and mailing address** **FAIR ISSAC CORP** **3661 VALLEY CENTRAL DR** **SUITE 500** **SAN DIEGO, CA 92130** **Date(s) debt was incurred** _ **Last 4 digits of account number** 8738	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Vendor Is the claim subject to offset? ■ No ☐ Yes	**Unknown**
3.91	**Nonpriority creditor's name and mailing address** **FEDEX REVENUE REC DEPT** **PO BOX 371461** **Pittsburgh, PA 15250** **Date(s) debt was incurred** _ **Last 4 digits of account number** 5797	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Vendor Is the claim subject to offset? ■ No ☐ Yes	**$176.00**
3.92	**Nonpriority creditor's name and mailing address** **FEINER, LAUREL A MD** **40 BEY LEA RD** **STE B103** **TOMS RIVER, NJ 08753** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$240.00**
3.93	**Nonpriority creditor's name and mailing address** **FHLD AREA RADIOLOGY** **ATTN JOY RYAN** **1001 W MAIN ST** **FREEHOLD, NJ 07728** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$9,585.00**
3.94	**Nonpriority creditor's name and mailing address** **FICO-CRS SYSTEM** **4035 RIDGE TOP RD., STE. 600** **Fairfax, VA 22030** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Vendor Is the claim subject to offset? ■ No ☐ Yes	**$45,362.00**
3.95	**Nonpriority creditor's name and mailing address** **FINKELSTEIN, NORMAN MD PA** **31 RIVER ROAD** **HIGHLAND PARK, NJ 08904** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$33.00**

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.96 **Nonpriority creditor's name and mailing address**
FIORENTINO, DIEGO DO FACP
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **$196.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.97 **Nonpriority creditor's name and mailing address**
FRANK JALALI AND PARK ASSOC
310 EGG HARBOR RD
SEWELL, NJ 08080
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **$6.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.98 **Nonpriority creditor's name and mailing address**
FRANKLYN J. ARONSON, ESQ.
100 FEDERAL CITY RD., STE. C-104
LAWRENCE TOWNSHIP, NJ 08648
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **$325.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Professional Service
Is the claim subject to offset? ■ No ☐ Yes

3.99 **Nonpriority creditor's name and mailing address**
FREEHOLD MRI ASSOCS
ATTN JOY RYAN
1001 W MAIN ST
FREEHOLD, NJ 07728
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **$341.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.100 **Nonpriority creditor's name and mailing address**
FREEHOLD MRI ASSOCS
1001 W MAIN ST
FREEHOLD, NJ 07728
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **$4,972.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.101 **Nonpriority creditor's name and mailing address**
FREEHOLD PEST CONTROL
919 HIGHWAY 33
UNIT 23
FREEHOLD, NJ 07728
Date(s) debt was incurred _
Last 4 digits of account number 1079
As of the petition filing date, the claim is: *Check all that apply.* **$148.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

3.102 **Nonpriority creditor's name and mailing address**
FREEHOLD PSYCHIATRIC ASSOCS 7
PO BOX 1247
TOMS RIVER, NJ 08754
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **$455.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.103 **Nonpriority creditor's name and mailing address**
FREEHOLD RADIOLOGY GRP
ATTN JOY RYAN
1001 W MAIN ST
FREEHOLD, NJ 07728
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,872.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.104 **Nonpriority creditor's name and mailing address**
GASTROENTEROLOGISTS OF OCEAN CTY PA
477 LAKEHURST RD
TOMS RIVER, NJ 08755
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$6,890.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.105 **Nonpriority creditor's name and mailing address**
GASTROENTEROLOGY CONSULTANTS OF TOMS RVR
9 MULE RD
SUITE E15
TOMS RIVER, NJ 08755
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$457.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.106 **Nonpriority creditor's name and mailing address**
GELLER HOWARD MD
1869 RT 88 E
SUITE 3
BRICK, NJ 08724
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$170.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.107 **Nonpriority creditor's name and mailing address**
GENESIS LABORATORY MNGMT LLC
142 ROUTE 35
SUITE 208
EATONTOWN, NJ 07724
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,123.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.108 **Nonpriority creditor's name and mailing address**
GLICKMAN, ALEXANDER B MD
1081 PAULSON AVE
CLIFTON, NJ 07015
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,413.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.109 **Nonpriority creditor's name and mailing address**
GRASSO DANIEL J DMD
200 JACK MARTIN BLVD
BRICK, NJ 08724
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$875.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount
3.110	**GRILL LAWRENCE J MD** **1166 RT 9** **LAKEWOOD, NJ 08701** Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	**$42.00**
3.111	**GROSSMAN RIDGEDALE ELLIOT A MD** **220 RIDGEDALE AVE** **FLORHAM PARK, NJ 07932** Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	**$402.00**
3.112	**GRUSSO, MARK DPM PC** **C/O HILLCREST MSO** **1O BRASS CASTLE RD** **WASHINGTON, NJ 07882** Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	**$205.00**
3.113	**HARRISON RUBINSTEIN DDS** **4693 HWY 9 NO** **HOWELL, NJ 07731** Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	**$400.00**
3.114	**HARTFORD FIRE INSURANCE** **690 ASYLUM AVE.** **Hartford, CT 06155** Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: Vendor Is the claim subject to offset? ■ No ☐ Yes	**$110.00**
3.115	**HEADACHE AND NEURO CTR OF NJ** **PO BOX 108** **OLDWICK, NJ 08858** Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	**$963.00**
3.116	**HERITAGE BUSINESS SYSTEMS** **PO BOX 684** **PENNSAUKEN, NJ 08110** Date(s) debt was incurred _ Last 4 digits of account number C770	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: Vendor Is the claim subject to offset? ■ No ☐ Yes	**$595.00**

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.117 **Nonpriority creditor's name and mailing address**
HERNANDO FRANKLIN MD
55 VILLAGE CT
****PRK VLG OFC CONDOS**
HAZLET, NJ 07730
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$837.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.118 **Nonpriority creditor's name and mailing address**
HOBOKEN ANKLE AND FOOT CENTER
500 BLOOMFIELD ST
HOBOKEN, NJ 07030
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$258.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.119 **Nonpriority creditor's name and mailing address**
INFINITY TRUST
6368 PEARL RD
CLEVELAND, OH 44130
Date(s) debt was incurred _
Last 4 digits of account number 2109

As of the petition filing date, the claim is: *Check all that apply.* **$820.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

3.120 **Nonpriority creditor's name and mailing address**
INTEGRATED MEDICINE ALLIANCE
PO BOX 8519
RED BANK, NJ 07701
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$226.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.121 **Nonpriority creditor's name and mailing address**
JAHN ANTHONY F MD
216 ENGLE STREET
SUITE 101
ENGLEWOOD, NJ 07631
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,039.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.122 **Nonpriority creditor's name and mailing address**
JAMES W LUDDEN DPM
PO BOX 8177
RED BANK, NJ 08177
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$537.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.123 **Nonpriority creditor's name and mailing address**
JANEL, STEVEN J
1 WASHINGTON CROSSING-PENNINGTON RD
SUITE 14
PENNINGTON, NJ 08534
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.124	**Nonpriority creditor's name and mailing address** **JCP&L** **PO BOX 3687** **AKRON, OH 44309** **Date(s) debt was incurred** _ **Last 4 digits of account number** 1641	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Vendor Is the claim subject to offset? ■ No ☐ Yes	**$498.00**
3.125	**Nonpriority creditor's name and mailing address** **JCP&L** **PO BOX 3687** **AKRON, OH 44309** **Date(s) debt was incurred** _ **Last 4 digits of account number** 3639	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Vendor Is the claim subject to offset? ■ No ☐ Yes	**$165.00**
3.126	**Nonpriority creditor's name and mailing address** **JER SHR RADLGY ASSOCS** **ATTN LAURA TUREK** **2100 CORLIES AVE STE 4** **NEPTUNE, NJ 07753** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$1,468.00**
3.127	**Nonpriority creditor's name and mailing address** **JER SHR RADLGY ASSOCS** **2100 STATE ROUTE 33** **STE1** **NEPTUNE, NJ 07753** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$39,563.00**
3.128	**Nonpriority creditor's name and mailing address** **JER SHR RADLGY ASSOCS** **2100 STATE ROUTE 33** **STE 1** **NEPTUNE, NJ 07754** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$29.00**
3.129	**Nonpriority creditor's name and mailing address** **JERSEY COAST FIRE EQUIPMENT** **377 ASBURY RD** **FARMINGDALE, NJ 07727** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Vendor Is the claim subject to offset? ■ No ☐ Yes	**$86.00**
3.130	**Nonpriority creditor's name and mailing address** **JERSEY EMERGENCY SPECIALIST** **PO BOX 20747** **LEHIGH VALLEY, PA 18002** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$18.00**

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	
3.131	**JERSEY SHORE ENDOCNOLOGY ASSOC** **1200 JUMPING BROOK RD** **NEPTUNE, NJ 07753** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$507.00**
3.132	**JERSEY SHORE IMAGING** **2100 STATE ROUTE 33** **NEPTUNE, NJ 07753** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$5,979.00**
3.133	**JESSICA NAPOLITANO** **ATTN: MARCUS ZELMAN, LLC** **1500 ALLAIRE AVE., STE. 101** **OCEAN, NJ 07712** **Date(s) debt was incurred** _ **Last 4 digits of account number** SLHG	■ Contingent ■ Unliquidated ■ Disputed **Basis for the claim:** Pending Litigation Is the claim subject to offset? ■ No ☐ Yes	**Unknown**
3.134	**JONES WOLF** **74 PASSAIC AVE., STE. 100** **FAIRFIELD, NJ 07004** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	■ Contingent ■ Unliquidated ■ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**Unknown**
3.135	**JOSE RODRIGUEZ** **ATTN: MARCUS ZELMAN, LLC** **1500 ALLAIRE AVE., STE. 101** **OCEAN, NJ 07712** **Date(s) debt was incurred** _ **Last 4 digits of account number** WLHG	■ Contingent ■ Unliquidated ■ Disputed **Basis for the claim:** Pending Litigation Is the claim subject to offset? ■ No ☐ Yes	**Unknown**
3.136	**JOSEPH, ERIC M MD** **1500 PLEASANT VLLY WY 206** **WEST ORANGE, NJ 07052** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$392.00**
3.137	**K-MACC** **600 RIVER AVE** **LAKEWOOD, NJ 08701** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$119.00**

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.138 **Nonpriority creditor's name and mailing address**
KAHNG, H Y MD
1 BETHANY RD
STE 3 BLDG 1
HAZLET, NJ 07730
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$750.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.139 **Nonpriority creditor's name and mailing address**
Kamensky Cohen & Riechelson
194 South Broad St.
Trenton, NJ 08608
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$85,000.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Professional Service
Is the claim subject to offset? ■ No ☐ Yes

3.140 **Nonpriority creditor's name and mailing address**
KAZA CHATARGY S MD PC
C/O HILLCREST MSO
10 BRASS CASTLE RD
WASHINGTON, NJ 07882
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$46.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.141 **Nonpriority creditor's name and mailing address**
KENNEDY-LITTLE, DAWN MD
CO CLASSICAL MEDICAL BILLING
31 PITNEY LN
JACKSON, NJ 08527
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$120.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.142 **Nonpriority creditor's name and mailing address**
KHANI, GHASSAN MD FACS
255 ROUTE 3 EAST
SUITE 202
SECAUCUS, NJ 07094
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$59.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.143 **Nonpriority creditor's name and mailing address**
KMC PATHOLOGY
C/O MCKESSON CORP
PO BOX 60100
CHARLESTON, SC 29419
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,377.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.144 **Nonpriority creditor's name and mailing address**
KOKANS
ATTN: EDWARD B. GELLAR, ESQ.
15 LANDING WAY
BRONX, NY 10464
Date(s) debt was incurred _
Last 4 digits of account number 6560

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
■ Contingent
■ Unliquidated
■ Disputed
Basis for the claim: Pending Litigation
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.145	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	$57.00
	KORWIN AND ASSOCS PA **562 RT 35** **SUITE 9F** **RED BANK, NJ 07701**	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	

3.146	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	$54.00
	KRISHNA SUNANDA MD LLC **3 PLAZA DR** **STE 14** **TOMS RIVER, NJ 08757**	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	

3.147	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Unknown
	KRONICK MOSKOVITZ **400 CAPITOL MALL** **27TH FL** **SACRAMENTO, CA 95814**	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: Vendor	
	Last 4 digits of account number 4178	Is the claim subject to offset? ■ No ☐ Yes	

3.148	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	$144.00
	KURANI, DEVENDRA MD **221 PALISADE AVE** **JERSEY CITY, NJ 07306**	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	

3.149	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	$731.00
	KURTZ, JOEL H MD PA **475 ROUTE 70** **LAKEWOOD, NJ 08701**	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	

3.150	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	$164.00
	KUTNER, DONALD H MD **15 01 BROADWAY** **STE 34** **FAIRLAWN, NJ 07410**	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	

3.151	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	$269.00
	LAKEWOOD PEDIATRIC ASSOC **101 PROSPECT ST** **LAKEWOOD, NJ 08701**	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.152 **Nonpriority creditor's name and mailing address**
LATRIANO, BLAISE MD
10 BRASS CASTLE RD
WASHINGTON, NJ 07882
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$224.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.153 **Nonpriority creditor's name and mailing address**
LEE, GENE MD., PA
1403 COURTLAND DR
MANASQUAN, NJ 08736
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$97.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.154 **Nonpriority creditor's name and mailing address**
LEFVOKITS
ATTN: ADAM FISHBEIN, ESQ.
483 CHESTNUT ST.
CEDARHURST, NY 11516
Date(s) debt was incurred _
Last 4 digits of account number 0175

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
■ Contingent
■ Unliquidated
■ Disputed
Basis for the claim: Pending Litigation
Is the claim subject to offset? ■ No ☐ Yes

3.155 **Nonpriority creditor's name and mailing address**
LEHIGH VALLEY GROUP
C/O MCKESSON CORP
PO BOX 11266
LANCASTER, PA 17605
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,624.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.156 **Nonpriority creditor's name and mailing address**
LEONIA MEDICAL ASSOCIATES
25 ROCKWOOD PL
ENGLEWOOD, NJ 07631
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$322.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.157 **Nonpriority creditor's name and mailing address**
LIFTIN ALAN MD
22 OLD SHORT HILLS RD 103
LIVINGSTON, NJ 07039
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$237.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.158 **Nonpriority creditor's name and mailing address**
LINDEN DENTAL ASSOC PA
909 N WOOD AVE
LINDEN, NJ 07036
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$86.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.159 **Nonpriority creditor's name and mailing address**
LIVINGSTON DERMATOLOGY ASSOCIATES
201 S LIVINGSTON AVE
LIVINGSTON, NJ 07039
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$59.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.160 **Nonpriority creditor's name and mailing address**
LOGAN LOREAUX
ATTN: JONES, WOLF & KAPASI, LLC
375 PASSAIC AVE., STE. 100
FAIRFIELD, NJ 07004
Date(s) debt was incurred _
Last 4 digits of account number STJB

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
■ Contingent
■ Unliquidated
■ Disputed
Basis for the claim: Pending Litigation
Is the claim subject to offset? ■ No ☐ Yes

3.161 **Nonpriority creditor's name and mailing address**
LORCH WARREN N DMD
1056 STELTON RD
PISCATAWAY, NJ 08854
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$210.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.162 **Nonpriority creditor's name and mailing address**
MADISON INTERNAL MEDICINE ASSOC
95 MADISON AVE
MORRISTOWN, NJ 07960
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$725.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.163 **Nonpriority creditor's name and mailing address**
MAGLARAS, NICHCOLAS C MD LLP
236 E WESTFIELD AVE SUITE 203
METRO PHYSICIANS MANAGEMENT SVCS
ROSELLE PARK, NJ 07204
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$413.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.164 **Nonpriority creditor's name and mailing address**
MANOPLA RODRIGUEZ
ATTN: MARCUS ZELMAN, ESQ.
1500 ALLAIRE AVE., STE. 101
ASBURY PARK, NJ 07712
Date(s) debt was incurred _
Last 4 digits of account number 6418

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Pending Litigation
Is the claim subject to offset? ■ No ☐ Yes

3.165 **Nonpriority creditor's name and mailing address**
MANVILLE DENTAL GRP
7 WASHINGTON AVE
MANVILLE, NJ 08835
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$202.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.166	**Nonpriority creditor's name and mailing address** **MARC N ABO MD PA** **100 COVENTRY DRIVE** **PHILLIPSBURG, NJ 08865** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$721.00**
3.167	**Nonpriority creditor's name and mailing address** **MARIN INTEGRATIVE THERAPY LLC** **86 E WATER STREET** **TOMS RIVER, NJ 08753** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$221.00**
3.168	**Nonpriority creditor's name and mailing address** **MASHALL RONALD H DMD** **1527 RT 27** **STE 2700** **SOMERSET, NJ 08875** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$217.00**
3.169	**Nonpriority creditor's name and mailing address** **MATT'S PEST CONTROL** **PO BOX 4155** **LONG BRANCH, NJ 07740** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Vendor Is the claim subject to offset? ■ No ☐ Yes	**$86.00**
3.170	**Nonpriority creditor's name and mailing address** **MCGUIRE, ROBERT F DDS** **12336 HARBOUR RIDGE BLVD** **PALM CITY, FL 34990** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Vendor Is the claim subject to offset? ■ No ☐ Yes	**$502.00**
3.171	**Nonpriority creditor's name and mailing address** **MEDFORD SURGICAL PRACTICE** **CREEK CROSSING BLVD** **SUITE 212** **HAINESPORT, NJ 08036** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$980.00**
3.172	**Nonpriority creditor's name and mailing address** **MEDICAL + SURGICAL ENT GROUP PA** **5 FRANKLIN AVE** **SUITE 3** **BELLEVILLE, NJ 07109** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$168.00**

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.173 **Nonpriority creditor's name and mailing address**
MEDICAL ASSOCIATES OF OCEAN CO
19 MAIN STREET
ASBURY PARK, NJ 07712
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$2.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.174 **Nonpriority creditor's name and mailing address**
MEDICAL ASSOCIATES OF OCEAN CO
1301 ROUTE 72 WEST
SUITE 300
MANAHAWKIN, NJ 08050
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$7,745.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.175 **Nonpriority creditor's name and mailing address**
MEDICAL BOARD PREP INC.
5 FRANKLIN AVE
SUITE 501
BELLVILLE, NJ 07109
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,026.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.176 **Nonpriority creditor's name and mailing address**
MEDICAL RADIOLOGY GROUP
C/O MCKESSON CORP
PO BOX 11268
LANCASTER, PA 17605
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$27,506.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.177 **Nonpriority creditor's name and mailing address**
MEIR R KURT III DPM
2095 RTE 88 EST
BRICK, NJ 08724
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$93.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.178 **Nonpriority creditor's name and mailing address**
MERIDIAN GROUP
5290 OVERPASS RD., BLDG. D
Santa Barbara, CA 93111
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$105,543.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

3.179 **Nonpriority creditor's name and mailing address**
MESSINA RUDOLPH MD
5 FRANKLIN AVE
SUITE 407
BELLEVILLE, NJ 07109
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,243.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.180	**Nonpriority creditor's name and mailing address** **METLIFE** **PO BOX 804466** **KANSAS CITY, MO 64180** **Date(s) debt was incurred** _ **Last 4 digits of account number** 0001	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Vendor Is the claim subject to offset? ■ No ☐ Yes	**$9,251.00**
3.181	**Nonpriority creditor's name and mailing address** **MID JERSEY ENDODONTIC GROUP** **76 LIVINGSTON AVE** **NEW BRUNSWICK, NJ 08901** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$3,784.00**
3.182	**Nonpriority creditor's name and mailing address** **MID JERSEY ENDODONTIC GROUP** **35 THROCKMORTON LN** **SUITE 2** **OLD BRIDGE, NJ 08857** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$4,196.00**
3.183	**Nonpriority creditor's name and mailing address** **MID JERSEY ENDODONTIC GROUP** **Attn: Ann F. Kiernan, Esq** **210 New York Ave.** **New Brunswick, NJ 08901** **Date(s) debt was incurred** _ **Last 4 digits of account number** 9116	**As of the petition filing date, the claim is:** *Check all that apply.* ■ Contingent ■ Unliquidated ■ Disputed **Basis for the claim:** Pending Litigation Is the claim subject to offset? ■ No ☐ Yes	**$7,121.00**
3.184	**Nonpriority creditor's name and mailing address** **MOLBEGOTT, DEBRA DO** **PO BOX 297** **MANASQUAN, NJ 08736** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$866.00**
3.185	**Nonpriority creditor's name and mailing address** **MONMOUTH TELECOM** **PO BOX 8656** **RED BANK, NJ 07701** **Date(s) debt was incurred** _ **Last 4 digits of account number** 1423	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Vendor Is the claim subject to offset? ■ No ☐ Yes	**$1,746.00**
3.186	**Nonpriority creditor's name and mailing address** **MONROE MEDICAL ASSOCIATES** **685 AVON DR** **EAST WINDSOR, NJ 08520** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$72.00**

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.187 **Nonpriority creditor's name and mailing address**
MOUKDAD JIHAD S MD
C/O MK BILLING
WASHINGTON TWP, NJ 07676
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$125.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.188 **Nonpriority creditor's name and mailing address**
MUGLIA JAMES D DDS
37 CRESCENT DR
FAIRFIELD, NJ 07004
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$218.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.189 **Nonpriority creditor's name and mailing address**
NAMAN COUNSELING SERVICES, LLC
328 HILLTOP RD
TOMS RIVER, NJ 08753
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$701.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.190 **Nonpriority creditor's name and mailing address**
Napolitano
Attn: Marcus Zelman, Esq.
1500 Allaire Ave., Ste. 101
Asbury Park, NJ 07712
Date(s) debt was incurred _
Last 4 digits of account number 2308

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
■ Contingent
■ Unliquidated
■ Disputed
Basis for the claim: Pending Litigation
Is the claim subject to offset? ■ No ☐ Yes

3.191 **Nonpriority creditor's name and mailing address**
NAVESINK SURGICAL ASSOCIATES
65 MECHANIC ST
STE 102
RED BANK, NJ 07701
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$2,321.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.192 **Nonpriority creditor's name and mailing address**
NEKORANIK, MICHAEL DO
10 BRASS CASTLE RD
WASHINGTON, NJ 07882
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$362.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.193 **Nonpriority creditor's name and mailing address**
NEW BEGINNINGS PEDIATRICS LLC
C/O HILLCREST MSO
10 BRASS CASTLE RD
WASHINGTON, NJ 07882
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$405.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.194 **Nonpriority creditor's name and mailing address**
NEW JERSEY RECONSTRUCTIVE ORTHO LLC
PO BOX 388
BRIELLE, NJ 08730
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$80.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.195 **Nonpriority creditor's name and mailing address**
NJ AMER WATER
BOX 371331
Pittsburgh, PA 15250
Date(s) debt was incurred _
Last 4 digits of account number 5883

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

3.196 **Nonpriority creditor's name and mailing address**
NJ DERMATOPATHOLGY LAB
172 DEZENZO LANE
WEST ORANGE, NJ 07052
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$311.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.197 **Nonpriority creditor's name and mailing address**
NJ NATURAL GAS CO
PO BOX 11743
NEWARK, NJ 07101
Date(s) debt was incurred _
Last 4 digits of account number 5527

As of the petition filing date, the claim is: *Check all that apply.* **$191.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

3.198 **Nonpriority creditor's name and mailing address**
NJ NATURAL GAS CO
PO BOX 11743
NEWARK, NJ 07101
Date(s) debt was incurred _
Last 4 digits of account number 5666

As of the petition filing date, the claim is: *Check all that apply.* **$121.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

3.199 **Nonpriority creditor's name and mailing address**
NOONAN V C JR DDS
2003 HWY 130
SUITE C
NORTH BRUNSWICK, NJ 08902
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$417.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.200 **Nonpriority creditor's name and mailing address**
NORONHA JOAQUIM L MD
1553 HWY 27
SUITE 3000
SOMERSET, NJ 08873
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$15.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.201	**Nonpriority creditor's name and mailing address** **NORTH JERSEY NEUROLOGY CARE PA** **721 CLIFTON AVE** **CLIFTON, NJ 07013** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$837.00**
3.202	**Nonpriority creditor's name and mailing address** **NORTH JERSEY OB GYN PC** **1 W RIDGEWOOD AVE** **SUITE 201** **PARAMUS, NJ 07652** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$337.00**
3.203	**Nonpriority creditor's name and mailing address** **NORTH JERSEY ORTH AND SPORTS MEDICINE** **1111 PAULSON AVE** **CLIFTON, NJ 07011** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$498.00**
3.204	**Nonpriority creditor's name and mailing address** **O DONNELL, CHRISTINE LCSW** **104-110 MAPLE AVE** **RED BANK, NJ 07701** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$165.00**
3.205	**Nonpriority creditor's name and mailing address** **OBROTKA, THOMAS M MD FACS PA** **516 HAMBURG TPKE** **NORTH JERSEY MEDICAL VLG** **WAYNE, NJ 07470** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$203.00**
3.206	**Nonpriority creditor's name and mailing address** **OCEAN ENDOSURGERY CENTER** **129 RTE 37 W** **1ST FLOOR** **TOMS RIVER, NJ 08753** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$315.00**
3.207	**Nonpriority creditor's name and mailing address** **OCEAN HEMATOLOGY & ONCOLOGY** **1255 ROUTE 70** **LAKEWOOD, NJ 08701** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$105.00**

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.208 **Nonpriority creditor's name and mailing address**
OCEAN PATHOLOGY
C/O MCKESSON CORP
PO BOX 60100
CHARLESTON, SC 29419
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$6,701.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.209 **Nonpriority creditor's name and mailing address**
OCEAN PULMONARY ASSCO
3 PLAZA DR
SUITE 2
TOMS RIVER, NJ 08757
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$701.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.210 **Nonpriority creditor's name and mailing address**
ODYSSEY COUNSELING LLC
1930 E MARLTON PIKE E
Q16
CHERRY HILL, NJ 08003
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$85.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.211 **Nonpriority creditor's name and mailing address**
ORTHOPEDIC RECONSTRUCTION SPEC
560 RT 73 N
PROVIDENCE MANAGEMENT
W BERLIN, NJ 08091
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$52.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.212 **Nonpriority creditor's name and mailing address**
PARIS MEDICAL ASSOC. JAY PARIS
144 COOPERTREE CRT
EDISON, NJ 08820
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,575.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.213 **Nonpriority creditor's name and mailing address**
PE SECURITY
633 VALLEY RD.
Montclair, NJ 07043
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$288.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

3.214 **Nonpriority creditor's name and mailing address**
PHYSICIANS FOR WOMENS HEALTHCARE
375 MOUNT PLEASANT AVE
SUITE 202
WEST ORANGE, NJ 07052
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,333.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.215 **Nonpriority creditor's name and mailing address**
PITNEY BOWES
PO Box 371874
PITTSBURGH, PA 15250
Date(s) debt was incurred _
Last 4 digits of account number 6336

As of the petition filing date, the claim is: *Check all that apply.* **$14,922.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

3.216 **Nonpriority creditor's name and mailing address**
PITNEY BOWES LEASE
PO Box 371887
PITTSBURGH, PA 15250
Date(s) debt was incurred _
Last 4 digits of account number 8949

As of the petition filing date, the claim is: *Check all that apply.* **$711.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

3.217 **Nonpriority creditor's name and mailing address**
PLUMERI, PETER A DO FACP
445 HURFFVILLE CROSSKEYS
STE B10
SEWELL, NJ 08080
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$526.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.218 **Nonpriority creditor's name and mailing address**
POLLACK HEALTH & WELLNESS CENTER
137 ATLANTIC CITY BLVD
SUITE 1
BEACHWOOD, NJ 08722
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$672.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.219 **Nonpriority creditor's name and mailing address**
POPLAWSKI, FRANK DMD
PO BOX 829
310 LACEY RD
FORKED RIVER, NJ 08731
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$745.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.220 **Nonpriority creditor's name and mailing address**
PORTFOLIO A G MD
85 HARRISON RD
STE 102
GLEN ROCK, NJ 07452
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$395.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.221 **Nonpriority creditor's name and mailing address**
PRADHAN PRASANNA G MD
620 W LACEY RD
FORKED RIVER, NJ 08731
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$326.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount
3.222	**PREMIER UROLOGY AND CONSULTANTS IN UROLOGY ATTN: MICHAEL LUNGA, ESQ. 23 VREELAND RD., STE. 250 FLORHAM PARK, NJ 07932** Date(s) debt was incurred _ Last 4 digits of account number 6315	■ Contingent ■ Unliquidated ■ Disputed Basis for the claim: Pending Litigation Is the claim subject to offset? ■ No ☐ Yes	Unknown
3.223	**PREMIER UROLOGY GROUP LLC PO BOX 51079 NEWARK, NJ 07101** Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	$1,163.00
3.224	**PRINCETON EYE & EAR LLC PO BOX 398 BORDENTOWN, NJ 08505** Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	$409.00
3.225	**PRINCETON PATHOLOGY SERVICES 20 NASSAU ST SUITE 214 PRINCETON, NJ 08542** Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	$96.00
3.226	**PROFESSIONAL ASSISTANCE PROGRAM 742 ALEXANDER RD PO BOX 8568 PRINCETON, NJ 08450** Date(s) debt was incurred _ Last 4 digits of account number 2716	■ Contingent ■ Unliquidated ■ Disputed Basis for the claim: Pending Litigation Is the claim subject to offset? ■ No ☐ Yes	$6,884.00
3.227	**PROSTHODONTICS OF PRINCETON PC 601 EWING ST SUITE B4 PRINCETON, NJ 08540** Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	$223.00
3.228	**PULMONARY & INTENSIVE CARE SPEC OF NJ SUITE 1A 593 CRANBURY ROAD EAST BRUNSWICK, NJ 08816** Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	$274.00

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.229 **Nonpriority creditor's name and mailing address**
QUICK COPPER COMMUNICATIONS, LLC
103 CENTER ST
GARWOOD, NJ 07027
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$511.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.230 **Nonpriority creditor's name and mailing address**
QUILL.COM
8500 WYOMING AVE. N.
Minneapolis, MN 55445
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,641.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

3.231 **Nonpriority creditor's name and mailing address**
RADHAKRISHNA, VIJAYA MD
155 STELTON RD
PISCATAWAY MEDICAL ARTS
PISCATAWAY, NJ 08854
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$338.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.232 **Nonpriority creditor's name and mailing address**
RASO AND COHN GASTROENTEROLOGY
129 ROUTE 37 WEST
TOMS RIVER, NJ 08755
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$602.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.233 **Nonpriority creditor's name and mailing address**
RED BANK ANESTHESIA LLC
17 WINCHESTER LANE
HOLMDEL, NJ 07733
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$835.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.234 **Nonpriority creditor's name and mailing address**
RENY RIVERO
131 SILVER LAKE RD., APT. #406
STATEN ISLAND, NY 10301
Date(s) debt was incurred _
Last 4 digits of account number NVLB

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
■ Contingent
■ Unliquidated
■ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.235 **Nonpriority creditor's name and mailing address**
RESNICK AND ROSENFELD DDS
1095 INMAN AVE
INMAN GROVE CENTER
EDISON, NJ 08820
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$861.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.236 **Nonpriority creditor's name and mailing address**
REVENUE GROUP
PO BOX 93983
CLEVELAND, OH 44101
Date(s) debt was incurred _
Last 4 digits of account number 5557

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

3.237 **Nonpriority creditor's name and mailing address**
RIVERFRONT NEUROLOGY LLC
755 MEMORIAL PARKWAY
SUITE 114
PHILLIPSBURG, NJ 08865
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$141.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.238 **Nonpriority creditor's name and mailing address**
ROBERT FRIED
ATTN: LAW OFFICES OF ALAN J. SASSON, PC
1669 EAST 12TH ST., 2ND FL.
BROOKLYN, NY 11229
Date(s) debt was incurred _
Last 4 digits of account number 7911

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
■ Contingent
■ Unliquidated
■ Disputed
Basis for the claim: Pending Litigation
Is the claim subject to offset? ■ No ☐ Yes

3.239 **Nonpriority creditor's name and mailing address**
ROBERT WOOD JOHNSON UNIV HOSP @ RAHWAY
865 STONE ST
RAHWAY, NJ 07065
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$350.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.240 **Nonpriority creditor's name and mailing address**
ROCKLAND CARDIOLOGY
2 CROSSFIELD AVE
SUITE 407
WEST NYACK, NY 10994
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$140.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.241 **Nonpriority creditor's name and mailing address**
ROSELLE PARK MEDICAL ASSOC
744 GALLOPING HILL RD
SUITE A
ROSELLE PARK, NJ 07204
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$124.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.242 **Nonpriority creditor's name and mailing address**
SADEGHI-NEJAD, HOSSEIN MD
277 FOREST AVE
STE 206
PARAMUS, NJ 07652
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$111.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**

Ref	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	Amount
3.243	**SANDLER STEPHEN DDS** 245 POMPTON AVE VERONA, NJ 77044 Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	$1,009.00
3.244	**SANKHLA RADIOLOGY, LLC** PO BOX 5220 TOMS RIVER, NJ 08754 Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	$38.00
3.245	**SAPORITO MD, JOHN L** 1131 BROAD ST SUITE 102 SHREWSBURY, NJ 07702 Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	$133.00
3.246	**SARA CHEHBAR** ATTN: MARCUS ZELMAN, LLC 1500 ALLAIRE AVE., STE. 101 OCEAN, NJ 07712 Date(s) debt was incurred _ Last 4 digits of account number WDEA	■ Contingent ■ Unliquidated ■ Disputed Basis for the claim: Pending Litigation Is the claim subject to offset? ■ No ☐ Yes	Unknown
3.247	**SCHARFMAN ROBERT M MD** 3 HOSPITAL PLAZA SUITE 310 OLD BRIDGE, NJ 08857 Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	$355.00
3.248	**SERSANTI JOHN P MD** 3 PLAZA DR STE 10 TOMS RIVER, NJ 08757 Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	$64.00
3.249	**SHAFEY PSYCHIATRIC** PO BOX 1247 TOMS RIVER, NJ 08754 Date(s) debt was incurred _ Last 4 digits of account number _	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim: _ Is the claim subject to offset? ■ No ☐ Yes	$98.00

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**

Name

3.250 **Nonpriority creditor's name and mailing address**
SHAH, CHETAN S. MD
PO BOX 398
BORDENTOWN, NJ 08505
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$2,539.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.251 **Nonpriority creditor's name and mailing address**
SHORE IMAGING
1166 RIVER AVE
LAKEWOOD, NJ 08701
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$27.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.252 **Nonpriority creditor's name and mailing address**
SHORE INSTITUTE FOR REPRODCTV MEDICINE
475 HWY 70
LAKEWOOD, NJ 08701
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$81.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.253 **Nonpriority creditor's name and mailing address**
SHORE NEUROLOGY
633 RT 37 W
TOMS RIVER, NJ 08755
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,271.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.254 **Nonpriority creditor's name and mailing address**
SHORE OUTPATIENT SURGICENTER
360 ROUTE 70
LAKEWOOD, NJ 08701
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$572.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.255 **Nonpriority creditor's name and mailing address**
SHORE PSYCHOLOGY ASSOC LLC
200 ATLANTIC AVE
STE K
MANASQUAN, NJ 08736
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$315.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.256 **Nonpriority creditor's name and mailing address**
SHORE WELLNESS CENTER
255 MONMOUTH RD
OAKHURST, NJ 07755
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$215.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.257 **Nonpriority creditor's name and mailing address**
SICILIANO, THEODIRE B. DC
720 SOUTH MAIN STREET
MAYETTA, NJ 08092
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **$150.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.258 **Nonpriority creditor's name and mailing address**
SIEGEL, ISAAC DMD
4693 HWY 9 NO
HOWELL, NJ 07731
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **$1,111.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.259 **Nonpriority creditor's name and mailing address**
SIKAND, VINAY MD
508 LAKEHURST RD
STE 1A
TOMS RIVER, NJ 08755
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **$1,838.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.260 **Nonpriority creditor's name and mailing address**
SINHA RAJ DMD
650 EASTON AVE
SOMERSET, NJ 08873
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **$189.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.261 **Nonpriority creditor's name and mailing address**
SMG AMBULATORY SURGERY CENTER
150 FLORAL AVE
NEW PROVIDENCE, NJ 07974
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **$7,920.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.262 **Nonpriority creditor's name and mailing address**
SOMERSET HEALTH CENTER P.C
1 DOYLE COURT
HILLSBOROUGH, NJ 08844
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **$47.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.263 **Nonpriority creditor's name and mailing address**
SOMERSET NEPHROLOGY ASSOC PC
23 MONROE ST
BRIDGEWATER, NJ 08807
Date(s) debt was incurred _
Last 4 digits of account number _
As of the petition filing date, the claim is: *Check all that apply.* **$83.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount
3.264	**SOURCEHOV** **PO BOX 142589** **DRAWER #9096** **IRVING, TX 75014** **Date(s) debt was incurred** _ **Last 4 digits of account number** FC10	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Vendor Is the claim subject to offset? ■ No ☐ Yes	**$6,726.00**
3.265	**SOUTH JERSEY SURGICENTER** **2835 S DELSEA DR** **VINELAND, NJ 08360** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$69.00**
3.266	**SPECTRIO** **PO BOX 890271** **CHARLOTTE, NC 28289** **Date(s) debt was incurred** _ **Last 4 digits of account number** 1862	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Vendor Is the claim subject to offset? ■ No ☐ Yes	**$98.00**
3.267	**ST LUKE'S WARREN PHYSICIAN GROUP P C** **10 BRASS CASTLE RD** **WASHINGTON, NJ 07882** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$3,166.00**
3.268	**STACY NOVAK LCSW** **1902 BRECKENRIDGE PL** **TOMS RIVER, NJ 08755** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$69.00**
3.269	**STATEN ISLAND PHYSICIANS PRCTCE** **2791 RICHMOND AVE** **2ND FL** **STATEN ISLAND, NY 10314** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** _ Is the claim subject to offset? ■ No ☐ Yes	**$9,005.00**
3.270	**Steven D. Janel, Esq.** **1 Washington Crossing Pe Rd., Ste. 14** **Pennington, NJ 08534** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Professional Service Is the claim subject to offset? ■ No ☐ Yes	**$28,000.00**

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.271 **Nonpriority creditor's name and mailing address**
STEVEN GALVAN LCSW
2290 WEST COUNTY LINE RD
SUITE 206
JACKSON, NJ 08527
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$136.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.272 **Nonpriority creditor's name and mailing address**
SUBURBAN HEART GRP
1000 GALLOPING HILL RD
STE 107
UNION, NJ 07083
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$491.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.273 **Nonpriority creditor's name and mailing address**
SUDHA, KOLLI MD PA
262 LIVINGSTON AVE
NEW BRUNSWICK, NJ 08901
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$28.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.274 **Nonpriority creditor's name and mailing address**
SUMMIT MEDICAL GROUP
150 FLORAL AVE
NEW PROVIDENCE, NJ 07974
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$26,841.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.275 **Nonpriority creditor's name and mailing address**
SUSQUEHANNA COMMERICAL FINANCE
2 COUNTRY VIEW RD., STE. 300
Malvern, PA 19355
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,267.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

3.276 **Nonpriority creditor's name and mailing address**
SUSSMAN, ROBERT E DPM
2260 HWY 33
PITTENGER PLAZA
NEPTUNE, NJ 07753
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$51.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.277 **Nonpriority creditor's name and mailing address**
THE DOCTORS OFFICE
1070 RTE 34
SUITE C
MATAWAN, NJ 07747
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$816.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.278 **Nonpriority creditor's name and mailing address**
THE EYE SPECIALISTS PA
31 MONROE ST
BRIDGEWATER, NJ 06807
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$30.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.279 **Nonpriority creditor's name and mailing address**
THE HARTFORD
PO BOX 660916
Date(s) debt was incurred _
Last 4 digits of account number 0935

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

3.280 **Nonpriority creditor's name and mailing address**
THE RHEUMATOLOGY CTR OF PRINCETON
123 FRANKLIN CORNER RD
SUITE 106
LAWRENCEVILLE, NJ 08648
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$96.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.281 **Nonpriority creditor's name and mailing address**
THE STRESS CENTER
535 LACEY RD
SUITE 6
FORKED RIVER, NJ 08731
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$28.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.282 **Nonpriority creditor's name and mailing address**
TOMS RIVER X-RAY, CT & MRI CENTER
154 RT 37 W
DEER CHASE PROF PARK
TOMS RIVER, NJ 08755
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$712.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.283 **Nonpriority creditor's name and mailing address**
TRANSUNION LLC
PO BOX 99506
Chicago, IL 60693
Date(s) debt was incurred _
Last 4 digits of account number 0060

As of the petition filing date, the claim is: *Check all that apply.* **$212.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

3.284 **Nonpriority creditor's name and mailing address**
UNITED STATES LIFE
PO Box 62104
Baltimore, MD 21264
Date(s) debt was incurred _
Last 4 digits of account number 5914

As of the petition filing date, the claim is: *Check all that apply.* **$403,157.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Vendor
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.285 **Nonpriority creditor's name and mailing address**
UNIVERSITY CHILDRENS EYE CENTER
4 CORNWALL CT
EAST BRUNSWICK, NJ 08816
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$544.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.286 **Nonpriority creditor's name and mailing address**
UNIVERSITY DENTAL CARE LLC
61 LIVINGSTON AVE
NEW BRUNSWICK, NJ 08901
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$82.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.287 **Nonpriority creditor's name and mailing address**
UROLOGIC INSTITUTE OF NJ PA
277 FOREST AVE
SUITE 206
PARAMUS, NJ 07652
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$670.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.288 **Nonpriority creditor's name and mailing address**
VALLEY PERINATAL ASSOCIATES
3101 EMRICK BLVD
STE 209
BETHLEHEM, PA 18020
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$252.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.289 **Nonpriority creditor's name and mailing address**
VERIZON COMMUNICATIONS, INC NJ
1135 E CHOCOLATE AVE
OCA STAFF
HERSHEY, PA 17033
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$358.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.290 **Nonpriority creditor's name and mailing address**
VILLAGE MEDICAL CENTER
10 BRASS CASTLE RD
WASHINGTON, NJ 07882
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$338.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.291 **Nonpriority creditor's name and mailing address**
VIRADIA, JAYANT K, MD
PO BOX 297
MANASQUAN, NJ 08736
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$101.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.292 **Nonpriority creditor's name and mailing address**
VITREO RETINAL ASSOCIATES OF NJ PA
36 NEWARK AVE
SUITE 212
BELLEVILLE, NJ 07109
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$972.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.293 **Nonpriority creditor's name and mailing address**
WARREN DERMATOLOGY ASSOC
122 MT BETHEL RD
STE 1
WARREN, NJ 07059
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$734.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.294 **Nonpriority creditor's name and mailing address**
WARREN HILLS FAMILY HEALTH CTR
10 BRASS CASTLE RD
WASHINGTON, NJ 07882
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$766.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.295 **Nonpriority creditor's name and mailing address**
WARREN PA PROF ALLIANCE
10 BRASS CASTLE RD
WASHINGTON, NJ 07882
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$430.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.296 **Nonpriority creditor's name and mailing address**
WARSHAUER, BRUCE L MD
2424 BRIDGE AVE
POINT PLEASANT, NJ 08742
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$74.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.297 **Nonpriority creditor's name and mailing address**
WAWRZYNIAK, ZYGMUT MD
C/O METRO PHYSICIANS MNGMT SVC
2 NORTH AVE WEST SUITE 203
CRANFORD, NJ 07016
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$59.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.298 **Nonpriority creditor's name and mailing address**
WAYNE PHYSICAL THERAPY
223 WANAQUE AVE #302
POMPTON LAKES, NJ 07442
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,240.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

3.299 **Nonpriority creditor's name and mailing address**
WEINER BARRY C MD
4535 HWY 9 NORTH
ALL COUNTY DERMATOLOGY
HOWELL, NJ 07731
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$565.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.300 **Nonpriority creditor's name and mailing address**
WHITWORTH JEFFERY MD LLC
PO BOX 1247
TOMS RIVER, NJ 08754
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$4,568.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.301 **Nonpriority creditor's name and mailing address**
WINOKUR DONN DDS
601 RT 37 W AT CORY
TOMS RIVER, NJ 08755
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$562.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.302 **Nonpriority creditor's name and mailing address**
YADALLA, VANITHA MD LLC
3350 STATE ROUTE 138
BLDG 2 STE 128
WALL, NJ 07719
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$135.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

3.303 **Nonpriority creditor's name and mailing address**
ZALESKI, T G MD FACS
212 JACK MARTIN BLVD
D2
BRICK, NJ 08724
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,354.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _
Is the claim subject to offset? ■ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	**Callagy Law, PC** **Mack-Cali Centre II** **650 From Rd., Ste. 565** **Paramus, NJ 07652**	Line **3.49** ☐ Not listed. Explain ____	_
4.2	**Kern Augustine Conroy** **1120 Route 22 East** **Bridgewater, NJ 08807**	Line **3.226** ☐ Not listed. Explain ____	_

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

Debtor **ACB Receivables Management, Inc.** Case number (if known) **16-27343**
Name

5. Add the amounts of priority and nonpriority unsecured claims.

			Total of claim amounts
5a. Total claims from Part 1	5a.		$ **0.00**
5b. Total claims from Part 2	5b.	+	$ **1,147,243.00**
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.		$ **1,147,243.00**

Fill in this information to identify the case:

Debtor name **ACB Receivables Management, Inc.**

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) **16-27343**

☐ Check if this is an amended filing

Official Form 206G
Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. **Does the debtor have any executory contracts or unexpired leases?**

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

■ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases			**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
2.1.	State what the contract or lease is for and the nature of the debtor's interest	**Phone maintenance contract**	
	State the term remaining	**unknown**	**Expert Technology 400 Davis Dr., Ste. 100 Plymouth Meeting, PA 19462**
	List the contract number of any government contract		
2.2.	State what the contract or lease is for and the nature of the debtor's interest	**Collection contracts with more than 1,500 clients. Contracts available at busines premises.**	
	State the term remaining		**Numerous client collection contracts**
	List the contract number of any government contract		
2.3.	State what the contract or lease is for and the nature of the debtor's interest	**Alarm system**	
	State the term remaining		**PE SECURITY 633 VALLEY RD. Montclair, NJ 07043**
	List the contract number of any government contract		
2.4.	State what the contract or lease is for and the nature of the debtor's interest	**Postage machine maintenance contract**	
	State the term remaining	**unknown**	**PITNEY BOWES LEASE PO Box 371887 PITTSBURGH, PA 15250**
	List the contract number of any government contract		

Debtor 1 **ACB Receivables Management, Inc.** Case number (*if known*) **16-27343**

First Name Middle Name Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases		**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
2.5. State what the contract or lease is for and the nature of the debtor's interest	**Lessor of nonresidential real estate lease**	**Silpit Industries, LLC** **c/o Oleg Shnayderman** **573 Prospect Avenue** **Little Silver, NJ 07739**
State the term remaining		
List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name **ACB Receivables Management, Inc.**

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) **16-27343**

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

■ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

	Column 1: **Codebtor**		*Column 2:* **Creditor**	
	Name	**Mailing Address**	**Name**	*Check all schedules that apply:*
2.1	**Oleg Shnayderman**	**573 Prospect Avenue** **Little Silver, NJ 07739**	**TD BANK**	■ D **2.9** ☐ E/F ☐ G
2.2	**Silpit Industries, LLC**	**19 Main Street**	**PNC Bank**	☐ D ☐ E/F ☐ G

Fill in this information to identify the case:

Debtor name **ACB Receivables Management, Inc.**

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) **16-27343**

☐ Check if this is an amended filing

Official Form 207
Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. **Gross revenue from business**

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year	Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date: From **1/01/2016** to **Filing Date**	☐ Operating a business ■ Other **Gross sales (estimated)**	**$700,000.00**
For prior year: From **1/01/2015** to **12/31/2015**	■ Operating a business ☐ Other	**$1,400,000.00**
For year before that: From **1/01/2014** to **12/31/2014**	☐ Operating a business ■ Other **Gross sales**	**$1,813,000.00**

2. **Non-business revenue**
Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

■ None.

Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. **Certain payments or transfers to creditors within 90 days before filing this case**
List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than $6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer *Check all that apply*

	Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer *Check all that apply*
3.1.	**To be supplied**		**$0.00**	☐ Secured debt ☐ Unsecured loan repayments ☐ Suppliers or vendors ☐ Services ☐ Other__

4. **Payments or other transfers of property made within 1 year before filing this case that benefited any insider**
List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than $6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

	Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1.	**To be supplied**		**$0.00**	

5. **Repossessions, foreclosures, and returns**
List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

■ None

Creditor's name and address	Describe of the Property	Date	Value of property

6. **Setoffs**
List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

■ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount

Part 3: **Legal Actions or Assignments**

7. **Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**
List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case**.**

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	**Annunziato v. ACB Receivables** **DC-002070-16**	**FDCPA**	**Superior Court of New Jersey** **Monmouth County** **Law Division, Special Civil Part**	■ Pending ☐ On appeal ☐ Concluded
7.2.	**Mid-Jersey Endodontic Group, PA v. ACB Receivables Management,, Inc.** **C-91-16**	**Breach of Contract**	**Superior Court of New Jersey** **Middlesex County, Chancery Division**	■ Pending ☐ On appeal ☐ Concluded

Debtor **ACB Receivables Management, Inc.** Case number *(if known)* **16-27343**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.3.	**Premier Urology & Consultants in Urology v. ACB Receivables Management, Inc. et al. C-063-15**	**Breach of Contract**	**Superior Court of New Jersey Union County, Law Division**	■ Pending ☐ On appeal ☐ Concluded
7.4.	**Ashkenazi v. ACB Receivables Management, Inc. 3:15-cv-07423**	**FDCPA**	**United States District Court District of New Jersey**	■ Pending ☐ On appeal ☐ Concluded
7.5.	**Chehebar v. ACB Receivables Management, Inc. 3:15-cv-01556**	**FDCPA**	**United States District Court District of New Jersey**	■ Pending ☐ On appeal ☐ Concluded
7.6.	**Kokans v. ACB Receivables, Inc. 3:14-cv-06560**	**FDCPA**	**United States District Court District of New Jersey**	■ Pending ☐ On appeal ☐ Concluded
7.7.	**Napolitano v. ACB Receivables Management, Inc. 3:15-02308**	**FDCPA**	**United States District Court District of New Jersey**	■ Pending ☐ On appeal ☐ Concluded
7.8.	**Rodriguez (Manopla) v. ACB Receivables Management, Inc. 3:14-cv-06418**	**FDCPA**	**United States District Court District of New Jersey**	■ Pending ☐ On appeal ☐ Concluded
7.9.	**Rivero v. ACB Receivables Management, Inc. 1:14-cv-02912**	**FDCPA**	**United States District Court Eastern District of New York**	■ Pending ☐ On appeal ☐ Concluded
7.10.	**Lefvokits v. ACB Receivables Management, Inc. 1:15-cv-00175**	**FDCPA**	**United States District Court Eastern District of New York**	■ Pending ☐ On appeal ☐ Concluded
7.11.	**Fried v. ACB Receivables Management, Inc. 3:15-cv-07911**	**FDCPA**	**United States District Court District of New Jersey**	■ Pending ☐ On appeal ☐ Concluded
7.12.	**Professional Assistance Program of NJ v. ACB Receivables Management, Inc. L-127-16**	**Contract**	**Superior Court of New Jersey Mercer County Law Division**	■ Pending ☐ On appeal ☐ Concluded
7.13.	**Center for Ambulatory Surgery v. ACB Receivables Management, Inc. C-009-16**	**Contract**	**Superior Court of New Jersey Union County Chancery Division**	■ Pending ☐ On appeal ☐ Concluded
7.14.	**Loreaux v. ACB Receivables Management, Inc. 3:14-cv-00710**	**FDCPA**	**United States District Court District of New Jersey**	■ Pending ☐ On appeal ☐ Concluded

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.15.	**McClaren-Curtis v. ACB Receivables Management, Inc. 2:15 cv 852**	**FDCPA**	**United States District Court Central District of California**	■ Pending ☐ On appeal ☐ Concluded
7.16.	**Dover Pulmonary Associates v. ACB Receivables Management, Inc. DC-1486-16**	**Contract**	**Superior Court of New Jersey Ocean County Law Division, Special Civil Part**	■ Pending ☐ On appeal ☐ Concluded
7.17.	**Central Jersey Medical Associates v. ACB et al. MON-C-115-16**	**Contract**	**Superior Court of New Jersey Monmouth County, Chancery Division**	■ Pending ☐ On appeal ☐ Concluded

8. Assignments and receivership
List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

■ None

Part 4: Certain Gifts and Charitable Contributions

9. **List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than $1,000**

■ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value

Part 5: Certain Losses

10. **All losses from fire, theft, or other casualty within 1 year before filing this case.**

■ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B *(Schedule A/B: Assets – Real and Personal Property)*.	Dates of loss	Value of property lost

Part 6: Certain Payments or Transfers

11. **Payments related to bankruptcy**
List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	**DAVID ALAN AST, P.C.** **222 Ridgedale Avenue** **P.O. Box 1309** **Morristown, NJ 07962-1309**	**Attorney Fees**	**July 2016 and Sept 2016**	**$15,000.00**

Email or website address
davidast@davidastlaw.com

Who made the payment, if not debtor?
Alex Shnayderman ($10,000 plus filing fee)

12. **Self-settled trusts of which the debtor is a beneficiary**
List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

■ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value

13. **Transfers not already listed on this statement**
List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

■ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value

Part 7: Previous Locations

14. **Previous addresses**
List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

■ Does not apply

Address	Dates of occupancy From-To

Part 8: Health Care Bankruptcies

15. **Health Care bankruptcies**
Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

■ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information

16. **Does the debtor collect and retain personally identifiable information of customers?**

- ■ No.
- ☐ Yes. State the nature of the information collected and retained.

17. **Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ■ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. **Closed financial accounts**
Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

■ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

19. **Safe deposit boxes**
List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

■ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?

20. **Off-premises storage**
List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

■ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. **Property held for another**
List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

■ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Debtor **ACB Receivables Management, Inc.** Case number *(if known)* **16-27343**

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

■ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case

23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

■ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice

24. **Has the debtor notified any governmental unit of any release of hazardous material?**

■ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business

25. **Other businesses in which the debtor has or has had an interest**
List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case.
Include this information even if already listed in the Schedules.

■ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed

26. **Books, records, and financial statements**
26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.
☐ None

	Name and address	Date of service From-To
26a.1.	**Peggy J. Beckler, CPA** **Robert J. Shalhoub & Co., LLC** **55 Morris Ave., Suite 218** **Springfield, NJ 07081**	**10+ years**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

■ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

■ None

Name and address	If any books of account and records are unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

■ None

Name and address

27. **Inventories**
Have any inventories of the debtor's property been taken within 2 years before filing this case?

■ No
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory

28. **List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
Oleg ("Alex") Shnayderman	**573 Prospect Avenue Little Silver, NJ 07739**		

29. **Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

■ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**
Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

■ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value

31. **Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

■ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation

32. **Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

■ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **November 2, 2016**

/s/ Oleg Shnayderman	**Oleg Shnayderman**
Signature of individual signing on behalf of the debtor	Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

■ No
☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of New Jersey

In re	**ACB Receivables Management, Inc.**	Case No.	**16-27343**
	Debtor(s)	Chapter	**11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	$	**15,000.00**
Prior to the filing of this statement I have received	$	**15,000.00**
Balance Due	$	**0.00**

2. The source of the compensation paid to me was:

   ☐ Debtor ☑ Other (specify): **Oleg Shnayderman ($10,000 plus filing fee)**

3. The source of compensation to be paid to me is:

   ☑ Debtor ☐ Other (specify):

4. ☑ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

   ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

   a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
   b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
   c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
   d. [Other provisions as needed]
      Negotiations with secured creditors.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
   Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions, abuse motions, or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

November 4, 2016
Date

/s/ Robert L. Schmidt
Robert L. Schmidt
Signature of Attorney
Ast & Schmidt, P.C.
222 Ridgedale Avenue
P.O. Box 1309
Morristown, NJ 07962-1309
973-984-1300 Fax: 973-984-1478
david@astschmidtlaw.com
Name of law firm

United States Bankruptcy Court
District of New Jersey

In re **ACB Receivables Management, Inc.** Debtor(s)

Case No. **16-27343**
Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Oleg Shnayderman **573 Prospect Avenue** **Little Silver, NJ 07739**		**1**	**sole shareholder**

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **November 2, 2016**

Signature **/s/ Oleg Shnayderman**
Oleg Shnayderman

Penalty for making a false statement of concealing property: Fine of up to $500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.